

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MS State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7680	
ADDRESS 570 E Woodrow Wilson Ave		CITY Jackson	STATE MS	ZIP 39216
EMAIL Jim.craig@msdh.state.ms.us	SUBMIT DATE 08/25/10	Name or number of rule(s): Mississippi EMS Laws, Rules and Regulations		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Updating Minimum Standard of Equipment on Ground Ambulances.

Specific legal authority authorizing the promulgation of rule: MS Code Ann. 41-59-25

List all rules repealed, amended, or suspended by the proposed rule: n/a

**ORAL PROCEEDING:**

☒ An oral proceeding is scheduled for this rule on Date: 10/04/10 Time: 1100 - 1200 Place: Osborne Auditorium, MSDH Central Campus, 570 E Woodrow Wilson Ave, Jackson MS

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	<b>Action proposed:</b> <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference <b>Proposed date of adoption:</b> <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	<b>Action taken:</b> <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed <b>Effective date:</b> <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: JIM CRAIG, DIRECTOR, HEALTH PROTECTION

Signature of person authorized to file rules: [Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>FILED</b></p> <p>AUG 26 2010</p> <p>MISSISSIPPI SECRETARY OF STATE</p> </div> Accepted for filing by <u>17243 CB</u>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

# CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

## STATE OF MISSISSIPPI Mississippi State Department of Health Office of Health Protection

Mississippi State Department of Health  
c/o Jim Craig, Director Health Protection  
570 E Woodrow Wilson Ave  
Jackson, MS 39215  
601-576-7680  
jim.craig@msdh.state.ms.us

Specific Legal Authority Authorizing the promulgation of  
Rule: Mississippi Code Ann. 41-59-25

Reference to Rules repealed, amended or suspended by the  
Proposed Rule: Mississippi EMS Laws, Rules and  
Regulations

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Law. This is a Concise Summary of the Economic Impact Statement which must be filed with the Notice of Proposed Rule Adoption in the Secretary of State's Office. The full text of the Economic Impact Statement may be obtained from the agency contact person at the above address.

Persons may present their views by submitting written comments on the proposed rule adoption to the agency contact person at the above address. Additional information on where, when and how persons may present their views or demand an oral proceeding on the proposed rule are included in the Notice of Proposed Rule Adoption to which this is attached.

a. Description of the need for and the benefits of the proposed rule:

Enhance safety of pre-hospital personnel and ensure necessary minimum equipment for treatment of patients in pre-hospital setting.

b. Cost estimate to the agency and other state or local government entities:

n/a

c. Estimate of the cost or economic benefit to all persons:

n/a

d. Analysis of the impact on small business:

Cost to upgrade one Mississippi Permitted ground ambulance is approximately 383.21 USD.

e. Comparison of the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the rule:

Ensure minimum equipment on each MS permitted ambulance meets minimum national standard to minimize further systemic insult or injury and to manage life threatening conditions. A specific update improves availability of pediatric equipment.

f. Determination as to whether less costly or less intrusive methods exist to achieve the purpose of the rule:

No.

g. Description of reasonable alternative methods and reasons for rejection of the alternative methods:

No reasonable alternative is available. Possible reasons for rejection include local services bearing the expense of approximately 383.21 USD per permitted ground ambulance.

h. Data and methodology in making the estimates in the economic impact statement:

Conducted online search of individual items from two (2) EMS supply companies.

Date Rule Proposed: August 25, 2010

Proposed Effective Date of Rule: November 12, 2010

  
Signature and Title of Person Submitting Rule for Filing